Fill in	this inforr	nation to identify your case:						rected in this form and	in Form
Debte	or 1	Latipah Sharde Johnson			122	2A-1S	upp:		
Debte (Spous	or 2 e, if filing)					■ 1. ·	There is no presu	umption of abuse	
Unite		Sankruptcy Court for the: Southern District of	f Mississippi		[□ 2. ⁻	applies will be m	o determine if a presur lade under <i>Chapter 7 l</i> cial Form 122A-2).	
		25-00910					Calculation (OIII	Cidi FUIII 122A-2).	
(if knov	vn)					3.		does not apply now be service but it could ap	
						□ Cł	neck if this is a	n amended filing	
Offi	cial F	orm 122A - 1							
Cha	apter	7 Statement of Your Cur	rent M	or	thly Inc	om	ie		12/19
attach case n	a separate umber (if k ing militar	nd accurate as possible. If two married people a sheet to this form. Include the line number to w nown). If you believe that you are exempted fror y service, complete and file Statement of Exemp culate Your Current Monthly Income	hich the addit	tion ion	al information a of abuse becau	ipplies	s. On the top of ar	y additional pages, writ narily consumer debts o	e your name and r because of
1.	What is y	our marital and filing status? Check one on	ly.						
	■ Not ma	arried. Fill out Column A, lines 2-11.							
	☐ Marrie	d and your spouse is filing with you. Fill ou	t both Colum	nns	A and B, lines	2-11.			
	☐ Marrie	d and your spouse is NOT filing with you.	You and you	ır s	pouse are:				
	☐ Liviı	ng in the same household and are not lega	Ily separate	d. F	- Fill out both Col	lumns	A and B, lines 2	·-11.	
	pen	ng separately or are legally separated. Fill of alty of perjury that you and your spouse are leg apart for reasons that do not include evadir	egally separa	ted	under nonban	krupto	cy law that applie	s or that you and your	
10° the	I(10A). For 6 months,	rage monthly income that you received from all example, if you are filing on September 15, the 6-m add the income for all 6 months and divide the total he same rental property, put the income from that p	onth period wo	uld res	be March 1 throusult. Do not include	ugh Au de any	gust 31. If the amo income amount mo	unt of your monthly incomore than once. For examp	ne varied during le, if both
		7,1	11.0		, ,		mn A	Column B Debtor 2 or non-filing spouse	
	Your gros	ss wages, salary, tips, bonuses, overtime, aductions).	and commis	sio	ons (before all	\$	6,183.80	\$	
	Column B	and maintenance payments. Do not include is filled in.				\$	0.00	\$	
	of you or from an ur and roomr	nts from any source which are regularly payour dependents, including child support. In married partner, members of your household nates. Include regular contributions from a spoon of include payments you listed on line 3.	Include regu , your depen	ılar der	contributions nts, parents,	\$	124.00	\$	
5.	Net incon	ne from operating a business, profession,							
					tor 1				
		eipts (before all deductions)	\$ 0.0						
	,	and necessary operating expenses	-\$0.0		0	Φ.	0.00	Φ.	
		ly income from a business, profession, or farm	n\$0.0	_	Copy here ->	>	0.00	\$	
6.	Net incon	ne from rental and other real property) o b -	tor 1				
	0	state (before all deduct)	\$ 0.0		tor 1				
		eipts (before all deductions)	-\$ 0.0 -\$						
	•	and necessary operating expenses Iv income from rental or other real property			Copy here ->	¢	0.00	\$	
	ıνeı montr	iv income nom rental or other real proberty	\$ 0.0	•		Ψ	0.00	Ψ	

Official Form 122A-1

0.00

\$

7. Interest, dividends, and royalties

Case number (if known) 25-00910

				Column A Debtor 1		Column B Debtor 2	or	
8.	Unemployment compensation			\$	0.00	\$	•	
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:		efit under					
	For you \$ For your spouse \$	0	.00					
9.	Pension or retirement income. Do not include any ambenefit under the Social Security Act. Also, except as sinot include any compensation, pension, pay, annuity, or United States Government in connection with a disability disability, or death of a member of the uniformed service pay paid under chapter 61 of title 10, then include that processing the state of the service of the se	tated in the next senter allowance paid by the ty, combat-related injures. If you received an pay only to the extent a would otherwise be a	ence, do ne ury or y retired that it	\$	0.00	\$		
10	if retired under any provision of title 10 other than chapt Income from all other sources not listed above. Spi		mount	—		<u> </u>		
10.	Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hur domestic terrorism; or compensation pension, pay, anr United States Government in connection with a disabilit disability, or death of a member of the uniformed servic sources on a separate page and put the total below	Security Act; payments manity, or internationa nuity, or allowance pa ty, combat-related inju	s Il or id by the Iry or					
	·			\$	0.00	\$		
				\$	0.00	\$		
	Total amounts from separate pages, if any.		+	\$	0.00	\$		
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the to		\$	6,307.80	+ \$		Total c	6,307.80
Part	2: Determine Whether the Means Test Applies t	o You						
12.	Calculate your current monthly income for the year.	Follow these steps:						
	12a. Copy your total current monthly income from line 1	11		Сор	y line 11 h	nere=>	\$	6,307.80
	Multiply by 12 (the number of months in a year)						x '	12
	12b. The result is your annual income for this part of the	e form				12	b. \$	75,693.60
13.	Calculate the median family income that applies to	you. Follow these ste	ps:					
	Fill in the state in which you live.	MS						
	Fill in the number of people in your household.	3						
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank	online using the link s		n the separa		13 tions	\$	78,140.00
14.	How do the lines compare?							
	 Line 12b is less than or equal to line 13. O Go to Part 3. Do NOT fill out or file Official Line 12b is more than line 13. On the top of 	Form 122A-2.						22A-2.
	Go to Part 3 and fill out Form 122A–2.	, ,	, p. 0	,			, ·-	
Part		distributed at the state of	- 0.2		•	alana i i		
	By signing here, I declare under penalty of perjury	r tnat the information of	on this sta	tement and	in any atta	cnments is	true and c	orrect.
	X /s/ Latipah Sharde Johnson							
	Latipah Sharde Johnson Signature of Debtor 1							
	Date April 9, 2025							

Debtor 1 Latipah Sharde Johnson

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Debtor 1	Latipah Sharde Johnson	Case number (if known)	25-00910	
	MM / DD / YYYY			
	If you checked line 14a, do NOT fill out or file Form 122A-2.			
	If you checked line 14b, fill out Form 122A-2 and file it with this form.			

Debtor 1 Latipah Sharde Johnson Case number (if known) 25-00910

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 10/01/2024 to 03/31/2025.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Dismas

Income by Month:

6 Months Ago:	10/2024	\$1,058.45
5 Months Ago:	11/2024	\$804.43
4 Months Ago:	12/2024	\$2,915.70
3 Months Ago:	01/2025	\$2,659.11
2 Months Ago:	02/2025	\$1,861.69
Last Month:	03/2025	\$1,628.39
	Average per month:	\$1,821.30

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: JPS

Constant income of \$4,362.50 per month.

Line 4 - Child support income (including foster care and disability)

Source of Income: **Child Support**Constant income of **\$124.00** per month.